S. No. 2
OM—5-43
v. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19225

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20352

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2630

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3226 Euclid /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3226 Euclid, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Frank J. Kirker

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male C

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 15 (Day) 1869 (Year)

8. AGE: Years 76 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Pennsylvania / (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business x

FATHER
12. Name Johnson Kirker
13. Birthplace Pennsylvania / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Kirk
15. Birthplace Pennsylvania / (City, town, or county) (State or foreign country)

16. (a) Informant M. S. Postma
(b) Address 6809 Rockhill Road, K. C., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 1940, 19 to June 13, 1946
that I last saw him alive on June 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with decompensation

Due to

Due to Hypertensive tension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93d

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Delon Williams (M. D. or other)
Address 804 Prof Bldg Date signed 6/13/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. DeLon Williams

Cliff Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. Clair Support

Licensed Embalmer No. 4179

P. O. Address K C Mor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.